

256437
2015.14.C

April 30, 2015

Ms. Jocelyn Boyd
Chief Clerk of the Commission
South Carolina Public Service Commission
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Re: SC Lifeline, Inc., d/b/a ClearTalk
Docket No. ~~2011-489-C~~

Dear Ms. Boyd:

Pursuant to Order No. 2011-766 in the above-referenced docket, enclosed please find for filing the two copies of SC Lifeline, Inc.'s ETC Annual Report.

If you have any questions or if I may provide you with any additional information, please do not hesitate to contact me.

Respectfully submitted,

Jamie N. Smith
2101 Main Street (29201)
P.O. Box 8839
Columbia, South Carolina 29202
(803) 363-1323
jamies@cleartalk.net

Attorney for SC Lifeline, Inc. d/b/a
ClearTalk

Enclosures

**BEFORE
THE PUBLIC SERVICE COMMISSION OF
SOUTH CAROLINA**

DOCKET NO. 2011-489-C

IN RE: Application of SC Lifeline, Inc.,)	
for Designation as an Eligible)	
Telecommunications Carrier in the)	ETC ANNUAL REPORT
State of South Carolina)	

Pursuant to 10 S.C. Code Ann. Regs. 103-690.1 and Order No. 2011-766, SC Lifeline, Inc., d/b/a ClearTalk ("ClearTalk" or "the Company"), by undersigned counsel, hereby submits its 2015 Eligible Telecommunications Carrier Annual Report and respectfully requests that the South Carolina Public Service Commission ("Commission") certify ClearTalk's eligibility to receive federal low income support for the 2015 calendar year. ClearTalk submits the following in compliance with 10 S.C. Code Ann. Regs. 103-690.1:

I. Certification of compliance with CTIA Consumer Code (103-690.1(B)(a))

ClearTalk certifies that it is in compliance with all applicable service quality and consumer protection requirements and standards, including the CTIA Consumer Code for Wireless Service, as it is required to do pursuant to 47 C.F.R. § 54.202(a)(3).

II. Lifeline Reporting

103-690.1(b)(3) – Requests for service that were unfulfilled

ClearTalk had 0 unfulfilled requests for service for the 2014 calendar year.

103-690.1(b)(4) – Number of complaints per 1,000 handsets

ClearTalk had 21.39 complaints per 1,000 handsets for the 2014 calendar year.

103-690.1(b)(5) – Certification of compliance with applicable service quality standards and consumer protection rules

ClearTalk certifies that it is in compliance with all applicable service quality and consumer protection requirements and standards, including the CTIA Consumer Code for Wireless Service.

103-690.1(b)(6) – Certification of ability to function in emergency situations

ClearTalk provides service by reselling the network services of Sprint Spectrum, L.P. (“Sprint”) and certifies that it is able to remain functional in emergency situations based on 47 C.F.R. § 54.202(a)(2). See also Exhibit A, copy of FCC Form 481. ClearTalk relies on Sprint’s network reliability in all situations, including emergency situations. Sprint complies with applicable requirements for emergency service, including access to a reasonable amount of back-up power to ensure functionality without an external power source, the ability to reroute traffic around damaged facilities, and the capability of managing traffic spikes resulting from emergency situations. Sprint has implemented state-of-the-art network reliability standards and ClearTalk and its customers’ benefit from Sprint’s high standards.

103-690.1(b)(7) – Certification regarding provision of comparable local usage plan

ClearTalk certifies that it offers a local usage plan comparable to that offered by the incumbent local exchange carrier (ILEC) in the relevant service areas. ClearTalk will provide a certain amount of service free of charge, will not impose a local call area, and will offer its Lifeline customers a variety of other features at no cost

103-690.1(b)(8) – Certification regarding equal access

ClearTalk acknowledges that the FCC may require it to provide equal access to long-distance carriers in the event that no other ETC is providing equal access within its designated service area.

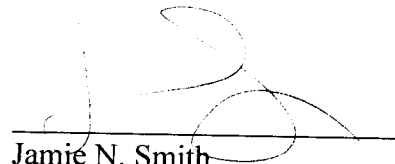
103-690.1(b)(9) – Number of lifeline customers

ClearTalk had 2,358 Lifeline customers as of December 31, 2014.

103-690.1(b)(10) – Copies of responses to the Lifeline Verification Survey or Certification filed with USAC

See attached Exhibit A for a copy of ClearTalk's Annual Lifeline Certification (Form 555) filed with the Universal Service Administrative Company ("USAC") by January 31, 2015. ClearTalk will also file with the Commission a copy of its FCC Annual Report (Form 481) that will be filed with USAC upon OMB approval of the form.

Respectfully submitted,



Jamie N. Smith
PTA-FLA, INC.
2101 Main Street (29201)
P.O. Box 8839
Columbia, South Carolina 29202
(803) 3631323
jamies@cleartalk.net

Attorney for SC Lifeline, Inc. d/b/a
ClearTalk

April 30, 2015
Columbia, South Carolina

EXHIBIT A

FCC Form 481 - Carrier Annual Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

Page 1

<010> Study Area Code	249016
<015> Study Area Name	SC LIFELINE INC.
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Adele Stewart
<035> Contact Telephone Number: Number of the person identified in data line <030>	8033631389 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	astewart@cleartalk.net

ANNUAL REPORTING FOR ALL CARRIERS		54,313 Completion Required	54,422 Completion Required
		(check box when complete)	
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<210> <input type="checkbox"/> <-- check box if no outages to report		<input type="checkbox"/>	<input type="checkbox"/>
<300> Unfulfilled Service Requests (voice)		<input type="checkbox"/>	<input type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)		<input type="checkbox"/>	<input type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input type="checkbox"/>	<input type="checkbox"/>
<410> Fixed		<input type="checkbox"/>	<input type="checkbox"/>
<420> Mobile		<input type="checkbox"/>	<input type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/>	<input type="checkbox"/>
<440> Fixed		<input type="checkbox"/>	<input type="checkbox"/>
<450> Mobile		<input type="checkbox"/>	<input type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<510>	(attached descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<610>	(attached descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input type="radio"/>	(if yes, complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<1010>	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	245016
<015>	Study Area Name	SC LIFELINE INC.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Adele Stewart
<035>	Contact Telephone Number - Number of person identified in data line <030>	8033631389 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	astewart@cleartalk.net
<110>	Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	<input type="radio"/> (yes / no) <input type="radio"/> <input type="radio"/> (yes / no) <input type="radio"/>
<111>		

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Please check these boxes below to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- | | | |
|-------|---|--------------------------|
| <113> | Maps detailing progress towards meeting plan targets | <input type="checkbox"/> |
| <114> | Report how much universal service (USF) support was received | <input type="checkbox"/> |
| <115> | How (USF) was used to improve service quality | <input type="checkbox"/> |
| <116> | How (USF) was used to improve service coverage | <input type="checkbox"/> |
| <117> | How (USF) was used to improve service capacity | <input type="checkbox"/> |
| <118> | Provide an explanation of network improvement targets not met in the prior calendar year. | <input type="checkbox"/> |

Name of Attached Document

<010>	Study Area Code	243016
<015>	Study Area Name	SC LIFELINE INC.
<020>	Program Year	2015
<030>	Contract Name - Person USAC should contact regarding this data	Adele Stewart
<035>	Contact Telephone Number - Number of person identified in data line <030>	8033631385 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	astewart@clearatalk.net

	Residential Local Service Charge Effective Date
<701>	1/1/2014
<702>	

[illegible]

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

astewart@cleartalk.net

[illegible]

<010>	Study Area Code	249016
<015>	Study Area Name	SC LIFELINE, INC.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Adele Stewart
<035>	Contact Telephone Number - Number of person identified in data line <030>	8033631389 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	astewart@cleartalk.net
<810>	Reporting Carrier	SC Lifeline, Inc.
<811>	Holding Company	NTCH Inc.
<812>	Operating Company	PTA-FLA, Inc.

[illegible]

(900) Tribal Lands Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986 /OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	243016
<015>	Study Area Name	SC LIFELINE INC.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	
<035>	Contact Telephone Number - Number of person identified in data line <030>	Adelle Stewart 8033631189 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	astewart@cleartalk.net

<910>	Tribal Land(s) on which ETC Serves
-------	------------------------------------

<920>	Tribal Government Engagement Obligation
-------	---

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning.
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	249016
<015>	Study Area Name	SC LIFELINE INC.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Adele Stewart
<035>	Contact Telephone Number - Number of person identified in data line <030>	8033631389 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	astewart@cleartalk.net

☐

Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)

☐

Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)

(1200) Terms and Condition for Lifeline Customers**Lifeline****Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	249016
<015>	Study Area Name	SC LIFELINE INC.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Adele Stewart
<035>	Contact Telephone Number - Number of person identified in data line <030>	8033631389 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	astewart@cleartalk.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public WebsiteHTTP <http://www.cleartalkunlimited.com/scilifeline/>

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

**<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,****<1222> Details on the number of minutes provided as part of the plan,****<1223> Additional charges for toll calls, and rates for each such plan.**

(2000) Price Cap Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	July 2013

<010>	Study Area Code	249016	
<015>	Study Area Name	SC LIFELINE INC.	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Adele Stewart	
<035>	Contact Telephone Number - Number of person identified in data line <030>	8033631389 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	astewart@cleartalk.net	

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting	
<2010>	2nd Year Certification {47 CFR § 54.313(b)(1)}
<2011>	3rd Year Certification {47 CFR § 54.313(b)(2)}
Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))	
<2012>	2013 Frozen Support Certification
<2013>	2014 Frozen Support Certification
<2014>	2015 Frozen Support Certification
<2015>	2016 and future Frozen Support Certification
Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))	
<2016>	Certification Support Used to Build Broadband
Connect America Phase II Reporting (47 CFR § 54.313(e))	
<2017>	3rd year Broadband Service Certification
<2018>	5th year Broadband Service Certification
<2019>	Interim Progress Certification
<2020>	Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAP Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

Name of Attached Document Listing Required Information

<2021> Interim Progress Community Anchor Institutions

(3000) Rate Of Return Carrier Additional Documentation

Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	249016
<015>	Study Area Name	SC LIFELINE INC.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Adele Stewart
<035>	Contact Telephone Number - Number of person identified in data line <030>	8033621389 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	astewart@clearlink.net

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) Progress Report on 5 Year Plan
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(i); the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))
(3014) If yes, does your company file the RUS annual report

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

(3018) If the response is no on line 3014, is your company audited?

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

(3023) Underlying information subjected to a review by an independent certified public accountant

(3024) Underlying information subjected to an officer certification.

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

**Certification - Reporting Carrier
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010> Study Area Code	249016
<015> Study Area Name	SC LIFELINE INC.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Adele Stewart
<035> Contact Telephone Number - Number of person identified in data line <030>	8033631389 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	astewart@cleartalk.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: SC LIFELINE INC.	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 07/01/2014
Printed name of Authorized Officer: Adilia Aguilar	
Title or position of Authorized Officer: CFO	
Telephone number of Authorized Officer: 3106130261 ext.	
Study Area Code of Reporting Carrier: 249016	Filing Due Date for this form: 07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	249016
<015>	Study Area Name	SC LIFELINE INC.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Adele Stewart
<035>	Contact Telephone Number - Number of person identified in data line <030>	8033631389 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	astewart@cleartalk.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

**(800) Operating Companies
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	249016
<015>	Study Area Name	SC LIFELINE INC.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Adele Stewart
<035>	Contact Telephone Number - Number of person identified in data line <030>	8033631389 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	astewart@clearalk.net
<810>	Reporting Carrier	SC Lifeline, Inc.
<811>	Holding Company	NTCH Inc.
<812>	Operating Company	PTA-FLA, Inc.

[illegible]

EXHIBIT B

Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections

Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

249016

Study Area Code (SAC)

(An Eligible Telecommunications Carrier (ETC) must provide a certification form for **each** SAC through which it provides Lifeline service).

SC

State

SCLifeline, Inc.

DBA, Marketing or Other Branding Name
(If same as ETC name, list "N/A" Do not leave blank)

PTA-FLA Inc, SC LIFELINE INC.

ETC Name

PTA-FLA, Inc.

Holding Company Name
(If same as ETC name, list "N/A" Do not leave blank)

Does the reporting company have affiliated ETCs?

Yes ☒

No ☐

Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be determined in accordance with Section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47 C.F.R. § 76.1200.

Affiliated ETC's SAC	Affiliated ETC's Name

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Section 1: Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

Initial AA

Section 2: Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	B	C	D	E = (A - B - C - D)
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were <u>initially</u> enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
4170	0	290	1812	2068

Recertification Results:

F	G	H = (F-G)	I	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non-responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
0	0	0	0	0

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
2068	1991

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

- A.) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _____

AND/OR

- B.) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on: USAC. Results are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial AB

OR

- C.) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _____

Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$M = (F+K)$	$N = (J+L)$	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
2068	1991	96.28%

Section 4: Pre-Paid ETCs

All ETCs must complete the appropriate check-box; pre-paid ETCs must complete all of Section 4. Pre-paid ETCs generally do not assess or collect a monthly fee from their Lifeline subscribers. ETCs that only assess a fee but do not collect such fees are pre-paid ETCs and must complete the chart below.

Is the ETC Pre-Paid? Yes ☒ No ☐

If Yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	74
February	83
March	0
April	0
May	142
June	141
July	414
August	0
September	802
October	214
November	115
December	118
Total Subscribers	2103

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed, Adele Stewart
Signature of Officer
adelle@cleartalk.net
Email Address of Officer
Adele Stewart
Person Completing This Certification Form

Adilia Aguilar, CFO
Printed Name and Title of Officer
1/30/2015
Date
803-363-1389
Contact Phone Number